

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 - 3 6

2. STATE:

New York3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Part 447 Subpart C

7. FEDERAL BUDGET IMPACT:

a. FFY 1999-2000 \$ 1,623,468b. FFY 2000-2001 \$ 4,870,404

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-A Part 1 Page 251

*** SEE REMARKS

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Attachment 4.19-A Part 1 Page 251

10. SUBJECT OF AMENDMENT:

Inpatient Hospital Services

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☒ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Antonia C. Novello, M.D., M.P.H., Dr. P.H.

14. TITLE:

Commissioner

15. DATE SUBMITTED:

September 28, 2000

16. RETURN TO:

New York State Department of Health
Corning Tower
Empire State Plaza
Albany, New York 12237

17. DATE RECEIVED:

19. EFFECTIVE DATE OF APPROVED MATERIAL:

07/01/00

21. TYPED NAME:

Sue Kelly22. TITLE: Assistant Regional Administrator
Division of Medicaid and State Operations23. REMARKS: As per State letter dated 05/18/01, a revised page of Attachment 4.19-A Part I
Page 251 was submitted and approved. A new page 252 was also provided with the letter and
is now being approved.

conduct a demonstration to address several patient care related issues including:

- a) the efficacy of utilizing a Short Stay Observation Unit;
- b) the cost-savings of utilizing a Short Stay Observation Unit; and
- c) patient satisfaction, i.e., more comfortable surroundings and a streamlined pathway for evaluation.

Effective January 1, 2000, the Department will conduct a pilot reimbursement project to study the safety and efficacy of the Neuro Cybernetic Prosthesis (NCP) in the State's Medicaid population. The project will provide Medicaid payment for costs associated with implantation of the NCP, also known as the Vagus Nerve Stimulator, on a demonstration basis for two years beginning on January 1, 2000. This device is to be used as an adjunctive therapy in reducing the frequency of seizures for patients with partial onset seizures, which are not responsive to anti-epileptic medications. The project may be conducted at five hospitals across the state. The five facilities must have experience with the implantation of this device and be willing to share data, which will enable the Department to complete its study. The hospitals will be chosen based upon this experience and a recommendation by the Epilepsy Foundation.

Effective July 1, 2000, the Department will conduct a pilot reimbursement program to provide reimbursement to selected financially distressed hospitals to conduct extensive reviews of their operations, service areas, patient demographics and services provided; identify and incorporate changes in their organizational structures and health care delivery systems; and develop and implement alternate service delivery modalities and specific health programs and activities for targeted demographic groups in need of special services, while maintaining a presence in their geographic areas and continuing to serve current patient populations. The criteria for hospital participation in the pilot reimbursement program are:

TN 00-36 Approval Date JUN 06 2001
Supersedes 00-06 Effective Date JUL 01 2000

New York
252

(7/00)
Attachment 4.19-A
Part I

a) the hospital must currently be a financially distressed hospital, as defined in Section 86-1.66 of this Attachment;

b) the hospital must be refinanced under the secured hospital loan program;

c) the Department of Health must have mandated the refinancing;

d) the hospital must have incurred losses in the last two years and demonstrate that such financial loss will continue; or, the hospital must have a bad debt and charity care need to cost ratio greater than nine (9) percent and at least 60 percent Medicaid discharges based on 1998 reported data;

e) the refinancing must have occurred prior to March 31, 1998; and

f) the hospital cannot be under control or common control of another hospital.

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